Standing Order for Administering *Haemophilus influenzae* type b Vaccine (Adult)

Purpose: To reduce morbidity and mortality from disease caused by Haemophilus influenzae type b by vaccinating all individuals who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), the Food and Drug Administration (FDA) product labeling, and the Department of Defense (DoD).

Policy: Under this standing order, eligible health care professionals working within their scope of practice may vaccinate patients who meet the criteria below.

Procedure:

1. Identify individuals ≥ 18 years of age in need of vaccination against Haemophilus influenzae type b based on increased risk due to the following criteria:
    - Anatomic or functional asplenia (including sickle cell disease)
    - Elective splenectomy
    - Hematopoietic stem cell transplant (HSCT)
    - HIV infection

2. Using DD Form 3111, screen all patients for contraindications and precautions to Hib vaccine (Hib):

    Contraindications:
    - History of a serious reaction (e.g., anaphylaxis) after a previous dose of Hib or to a vaccine component, or to a vaccine containing tetanus toxoid
    - For information on vaccine components, refer to the package insert for ActHIB, Hiberix, PedvaxHIB, or The CDC Pink Book Appendix B.

    Precautions:
    - Moderate or severe acute illness with or without fever
    - PedvaxHIB only: vial stopper contains dry natural latex rubber
    - For questions or concerns, consider consulting the DHA Immunization Healthcare Support Center at (877) 438-8222, Option 1 or DSN 761-4245.

3. Provide all patients (or their parent/legal representative) with a copy of the most current federal Vaccine Information Statement (VIS). You must document, in the patient's medical record, the publication date of the VIS and the date it was given to the patient (parent/legal representative). Provide non-English speaking patients with a copy of the VIS in their native language, if available and preferred.

4. Provide Hib vaccine as follows:
    - Administer the appropriate vaccine intramuscularly (IM) according to Tables 1 - 2.
    - Any FDA-licensed conjugate/monovalent Hib vaccine may be used. Although these vaccines are only licensed for use in individuals age 6 weeks – 5 years, this represents the current standard of care and is covered under this standing order.

TABLE 1. IM Needle Length and Injection Site Guide		
Use a 22 – 25-gauge needle. Choose needle gauge and length appropriate to the patient's age		
Patient Age	**Needle Length**	**Injection Site**
Children/Adolescents (11-18 years)	5/8*-1 inch (16-25 mm)	Deltoid muscle of arm†
	1-1.5 inches (25-38 mm)	Anterolateral thigh
Adults (≥ 19 years)		
Men and women (130 lbs)	5/8* - 1 inch (16-25 mm)	Deltoid muscle of arm†
Men and women (130-152 lbs)	1 inch (25 mm)	
Men (152-260 lbs)	1-1.5 inches (25-38 mm)	
Women (152-200 lbs)		
Men (260 lbs)	1.5 inches (38 mm)	
Women (200 lbs)		
Men and women, any weight	1 inch* - 1.5 inches (38 mm)	Anterolateral thigh

Adapted from General Best Practice Guidelines for Immunization: Vaccine Administration. https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/administration.html
* If skin is stretched tightly and subcutaneous tissues are not bunched.
† Preferred site.

TABLE 2. Hib Vaccine Schedule for Unvaccinated* Individuals Who ARE at Increased Risk		
Risk Factor	**Patient Age**	**Number of Doses (minimum interval)**
Anatomic or functional asplenia	≥ 18 years	1 dose
Elective splenectomy	≥ 18 years	1 dose ≥ 14 days before procedure
Hematopoietic stem cell transplant (regardless of Hib vaccination history)	≥ 18 years	3 doses (≥ 4 weeks), beginning 6-12 months after transplant
HIV	18 years only	1 dose

"Unvaccinated" refers to individuals who have not received a Hib primary series and booster dose or ≥ 1 dose after age 14 months.

5. Document all immunizations administered in the patient's electronic health record and the appropriate immunization tracking system. Include date, immunization given, dose, anatomical location of administration, lot number, manufacturer, Vaccine Information Sheet (VIS) date, and the identification of the person administering the vaccine. If vaccine was not given, record the reason for non-receipt.

6. Be prepared to manage a medical emergency related to the administration of vaccines by having a written emergency medical protocol available, as well as equipment and medications.

7. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS) online at https://vaers.hhs.gov. Additional information about VAERS is also available by telephone (800-822-7967).

8. This standing order shall remain in effect for all patients of the _____ until rescinded and/or upon a change in the Medical Director, whichever is earlier.

_____ _____

Medical Director's Signature Date